

## CASE REFERRAL FORM

Employer: \_\_\_\_\_

Date Notice of Contest Filed: \_\_\_\_\_ Docket No. \_\_\_\_\_

Date Received: \_\_\_\_\_ District Office: \_\_\_\_\_

Citation Contested - list citation No. and if applicable the item number(s) or all for all items:

\_\_\_\_\_

Check(✓) all boxes that apply to this referral:

1. Request for Legal Assistance:    Yes                  No

2. Mandatory Referral:                  Yes                  No                  \_\_\_\_\_

Question concerning the scope of Cal-OSHA jurisdiction.

Challenge to inspection procedures.

Appeal involves a citation, order or penalty involving one or more of the following safety and health standards:

1529 (construction-asbestos)

5096, et seq. (noise)

4184 (general point of operation)

5156, et seq. (confined space)

5208-5215, 5219 and 5220 (carcinogens)

Other \_\_\_\_\_

Case falls within one or more of the following classifications:

Accident actively investigated  
by BOI.

Involvement of media contact or by  
interest.

Citation alleging willful violation

Requires expert witness other than  
issuing compliance officer.

Health citation requiring implementation  
of engineering controls.

Special Order or Order to Take  
Special Action.

Multi-Employer Citation

Permit revocation or suspension.

3. Discretionary Referral:                  Yes                  No                  \_\_\_\_\_

Factually complex case.

Question regarding the applicability of safety order.

The employer is represented by legal counsel.

District Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: Yes                  No